Name in Full John Samuel Russell Abbott

Certificate of Death

Town: Havre de Grace, County: Harford, MARYLAND

Died at Havre de Grace, Harford, MARYLAND

Date 1899 Month May Day 19 | Age Y. 6 M. 6 D. — | Native of Havre de Grace. | Occupation ——

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~ Born Jan 19, 1893.

~~Husband~~ ~~Wife~~ of

Father's Name Martin Abbott

Mother's Name before Marriage: Catharine Mc Nulty

Cause of Death: ~~Primary~~ Immediate Drowning

148

How long sick ——

Accident, ~~Suicide, Homicide~~

Reported by Rev. James O. Fitz-Gerald,

Address Havre de Grad, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75662

Name in Full — Certificate of Death

Annie M Christy

Died at Dublin (Town) Harford (County) MARYLAND

Date 1899 Month May Day 19th | Age Y. 52 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 4

~~Husband~~ Wife of George H. Christy

Father's Name 57 Mother's Name Margaret Cornish

Cause of Death — Primary: Valvular Heart disease, Dropsy — How long sick

Immediate: Suffocation, exhaustion — Accident, Suicide, Homicide

Reported by Ephraim Hopkins M.D

Address Darlington. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Erlicer L. Cole

Died at Town: Aberdeen County: Harford Co MARYLAND

Date 189 9 Month: 5 Day: 17

Age Y. 76 M. 5 D. 3

Native of Balto Co

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow ~~Widower~~

~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Joseph O. Cole.

Father's Name Stephen Giffin

Mother's Name 5-7

Cause of Death — Primary: Mitral Insufficiency

Immediate: Albuminuria

How long sick 3 wks

~~Accident, Suicide, Homicide~~

Reported by C A Freeling cor 16 1115

Address Bel Air. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Claud W. Cullen

Certificate of Death

Town: Aberdeen County: Harford

Died at Aberdeen, Harford MARYLAND

Date 1899 Month 5 Day 2 | Age Y. 6 M. 1 D. 3 | Native of Harford | Occupation ——

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of ——

Wife

Father's Name Chas. W. Cullen, Mother's Name Elizabeth White

Cause of Death — Primary: Measles followed by 5 — How long sick: 3 weeks

Immediate: Pneumonia, Exhaustion — Accident, Suicide, Homicide

Reported by Chas. H. Kuite, M.D.

Address Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Jerry Daugherty

Died at Town: Havre de Grace — County: Harford Co — MARYLAND

Date 189 — Month: May — Day: 9 — Age: Y. 22 M. 7 D. — Native of: Rock Co. Wis. — Occupation: Weaver

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower / ~~Divorced~~ — Number of children ~~living~~

Husband / Wife of

Father's Name: Jerry Daugherty — Mother's Name: Mary B Daugherty

Cause of Death — Primary: 97 — How long sick

Immediate: Cerebral Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by A C Carlton

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name in Full

Certificate of Death

Andrew Alexander Evans

Town

Died at Havre de Grace

County

Harford Co

MARYLAND

Date 1899	Month	Day	Age Y.	M.	D.	Native of	Occupation
	May	7			7	Harford Co	

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Lewis A Evans

Mother's Name Elizabeth Jane Evans

Cause of Death: Primary

Immediate Undeveloped 138/12

How long sick

Accident, Suicide, Homicide

Reported by C E Smith

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full — Certificate of Death

Gilbert

Died at Town Bush County Harford MARYLAND

Date 189 Month 5 Day 1 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: brain fever 39a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 5-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]8

Name In Full

Lydia Hand

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: May Day: 19 | Age Y.: 73 M.: - D.: - | Native of: Cecil County | Occupation: Home wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: four

~~Husband~~ Wife of W. L. Hand

Father's Name: William Barnett | Mother's Name: Elizabeth McCall

Cause of Death — Primary: 46

How long sick: Several days

Immediate: Pneumonia paralysis

~~Accident, Suicide, Homicide~~

Reported by: James Hand

Address: Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79695

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from James Hand

of Havre de Grace

Name In Full

Certificate of Death

Mr. Hugh Hanglee

Died at near Hickory (Town) Harford (County) MARYLAND

Date 189 9 Month d. Day 23 | Age Y. 82 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Single~~ Married Widow Widower Divorced | Number of children living 1

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer d. 26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full John Staish Hill — Certificate of Death

Died at Town Aberdeen — County Harford — MARYLAND

Date 189 9 — Month 5 Day 7 — Age Y. 3 M. D. — Native of — Occupation

~~Male~~ / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name John L. Hill — Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 5-6.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

		How long sick
Cause of Death	Primary	
	Immediate	Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Mrs. Elizabeth King

Died at Town near Bradenbaugh County Harford MARYLAND

Date 189 Month 5 Day 9 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife John R. King

Father's Name | Mother's Name 57

Cause of Death — Primary: Heart Disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 5-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75575

Name In Full

Certificate of Death

Mrs. Martha Kirkwood

Died at Town Bradenbaugh County Harford MARYLAND

Date 189 Month 5 Day 12 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of John R. Kirkwood

Father's Name John Rodgers | Mother's Name Agnes ——

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Regis & Intelligencer 5-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]R

Rev. H. Albert Price, Bethel Presbyterian Church.

Name In Full

Certificate of Death

Andrew McCoy

Died at near Town Cadetton County Harford MARYLAND

Date 189 9 Month 5-28 Day Age 58 Y. M. D.

Native of Occupation

Male ~~Female~~ White ~~Coloured~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of
Wife

Father's Name

Mother's Name

Ceuse of Death — Primery: Jamaica Ginger 34 — How long sick

Immediete: effected his heart — Accident, Sulcide, Homicide

Reported by Deyo's Intelligencer

Address 6-21

Must be signed by physician, If any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full — Certificate of Death

Bennie Bradshaw

Died at — Town: Rockland — County: Harford — MARYLAND

Date 1899 — Month: May — Day: 11 — Age: Y. 48 M. 3 D. — Native of: Germany — Occupation: Home Wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 7 1 f

~~Husband~~ / Wife of Wm Bradshaw

Father's Name: Wm Rice — Mother's Name: Carrie Rice

Cause of Death — Primary: 57 — How long sick: 2 hours

Immediate: Heart Disease & Dropsy — Accident, Suicide, Homicide

Reported by: Chas. E. Hamilton

Address: Benson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Bagley

of Bagley Md

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Mrs. Mary E. Peterson

Died at Aberdeen (Town) Harford (County) MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	5-17	Age 70				

~~Male~~ female ~~Female~~ | White | Colored | Married | ~~Single~~ | Widow | Widower | Divorced | Number of children living 1

Husband of

Wife

Father's Name

Mother's Name 22a

Cause of Death — Primary: Consumption — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 5-19.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Wilhemina Pickelberg

Town — County

Died at Havre de Grace Harford MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 May 12 Age 80, 7, 8 Hardenwick Housewife

White Widow

Female Widower Number of children living 2

Husband / Wife of Frederick Pickelberg

Father's Name Conrad Tiede Mother's Name Unknown

Cause of Death — Primary: Pneumonia 72 — Immediate: [redacted]

How long sick 8 days

Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coronor, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Wm. Reese

Certificate of Death

Died at Town County MARYLAND

Town: County Almshouse Harford

Date 189 9 Month 5-27 Day | Age Y. 55 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death — Primary | How long sick

Death — immediate 161 | Accident, Suicide, Homicide

Reported by Bel Air Times

Address 6-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Mrs. Anna Belle Scarff

Certificate of Death

Died at Taylor (Town) Howard (County) MARYLAND

Date 189 9 Month 5 Day 22 | Age Y. 27 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living

~~Husband~~ Wife of J. Howard Scarff

Father's Name Richard Hunsbury | Mother's Name

Cause of Death: Primary Consumption 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Union Gowan 5-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Joseph H. Snyder

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month May Day 2 | Age Y. 3 M. 12 D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband / Wife of —

Father's Name Chas. J. Snyder | Mother's Name Mary C. Kahoe

Cause of Death: Primary Don't Know 48 hours | How long sick one hour

Immediate Convulsions | Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Anna Bell Stansbury

Died at Town: Taylor County: Harford MARYLAND

Date 1899 Month: May Day: 22 | Age Y.: 28 M.: — D.: — | Native of: Baltimore Co, | ~~Occupation~~

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | ~~Number~~ of children living none

Wife of Howard Scarff

Father's Name: Dixon Stansbury Mother's Name: Mary Bell Carr

Cause of Death — Primary: Phthisis & Tubercular — How long sick: 7 months

Immediate: Laryngitis 22d

~~Accident, Suicide, Homicide~~

Reported by Thomas H. Emory M.D.

Address Taylor, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full — Certificate of Death

Mary Elizabeth Stinchcomb

Died at Town: Joppa — County: Harford — MARYLAND

Date 1899 — Month: 5 — Day: 1 — Age: Y. 63 M. D. — Native of — Occupation

~~Male~~ Female — White Colored — Married ~~Single~~ — Widow Widower — Divorced — Number of children living

Husband of Wife: Noah S. Stinchcomb

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Bel Air Times 5-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

John. R. Lowry

Died at Town: Bel air — County: Harford — MARYLAND

Date 189 4 — Month 5. Day 16 — Age Y. 38 M. 5. D. — Native of Maryland — Occupation Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 4

Husband / Wife of Jennie Bull

Father's Name Joseph R Lowry — Mother's Name Edith. W. Livezey

Cause of Death — Primary: Shock Lightning — How long sick —

Immediate: 145 — Accident, ~~Suicide, Homicide~~

Reported by C. A. Fallin

Address Bel air. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full

Certificate of Death

Rachel Washington

Died at Bestiley (Town) Harford (County) MARYLAND

Date 1899 Month 5 Day 6 | Age Y. 69 M. D. | Native of Md | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Hampton Washington

Father's Name Unknown (Haines) | Mother's Name Unknown

Cause of Death: Primary Old Age 141 | How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by W H H Whiteford | Undertaker

Address Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Susan Wildman

Died at Town: Bel Air County: Harford MARYLAND

Date 1899 Month: May Day: 9th Age: Y. 56 M. — D. —

Native of: Penn. Occupation: Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 11.

~~Husband~~ Wife of Ambrose Wildman

Father's Name

Mother's Name

Cause of Death: Primary — Heart Disease (Valvular) — How long sick 3 Mo.

Immediate — 5-7

Accident, Suicide, Homicide

Reported by J. C. Burke,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968